

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4						
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11						
12						
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	2					
20	1					
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←	17	←	←	←	←
TOTAL CLAIMS		20				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						